

VERIFICATION OF EMPLOYMENT AS AN EDUCATION SPECIALIST

1 . PERSONAL INFORMATION

Applicant's Full Legal Name: _____

Social Security Number: _____ - _____ - _____

2 . EMPLOYING AGENCY

Title of Education Specialist Position _____

Date of Initial Employment (mm/dd/yy) _____

County of Employment _____

Name of Employing Agency _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone () _____ - _____

Name of Immediate Supervisor _____

Position _____

Signature of Employer or Designee

Date

Printed Name of Employer or Designee

Title

3 . TENTATIVE PLAN FOR DEVELOPING THE INDIVIDUALIZED INDUCTION PLAN

Name of Support Provider(s) Assigned to New Specialist _____

Position Held by Support Provider(s) _____

Credential(s) Held by Support Provider(s) _____

Employing Agency (if different from teacher) _____

Institution Tentatively Selected for Development of Individualized Induction Plan and

Completion of Professional Clear Level II Program _____

I understand I must develop an Individualized Induction Plan during the first 120 days of employment on my Preliminary Level I Education Specialist Credential with the Level II institution and employer designee.

Signature of Applicant

Date

Submit this form with Level I application; copies to Level II institution and support provider.